

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		i					52				
3		i					53				
4		i					54				
5		4					55				
6		4					56				
7		4					57				
8		4					58				
9		4					59				
10		4					60				
11		4					61				
12		4					62				
13		4					63				
14		4					64				
15							65				
16							66				
17							67				
18							68				
19							69				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	13						TOTAL DEP.				
TOTAL CLAIMS	14						TOTAL CLAIMS				